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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/018,638	07/15/2002	Martin Matthew Matzuk	MTN-029US	5196

TITLE OF INVENTION: GROWTH DIFFERENTIATION FACTOR-9 REGULATORY SEQUENCES AND USES THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,400.00	\$0	\$0	\$1,400.00	05/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
QIAN, CELINE X	1636	536-021000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	¹ Amy E. Mandragouras, Esq.
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	² _____ <u>Lahive & Cockfield, LLP.</u>

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Metamorphix, Inc.

Savage, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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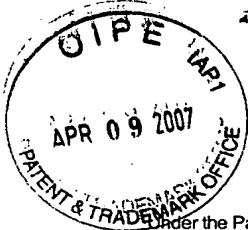
Date April 9, 2007

Typed or printed name Jeanne M. DiGiorgio, Esq.

Registration No. 41,710

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/018,638-Conf. #5196
		Filing Date	July 15, 2002
		First Named Inventor	Martin Matthew MATZUK
		Art Unit	1636
		Examiner Name	C. X. Qian
Total Number of Pages in This Submission		Attorney Docket Number	MTN-029USRCE

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Jeanne M. DiGiorgio		
Date	April 9, 2007	Reg. No.	41,710